

Specialty Mental Health Services Stakeholder Meeting



Department of
Health Care Services

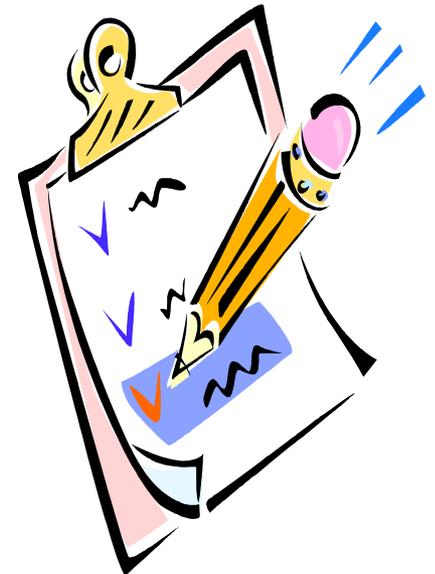


June 25, 2010

Objectives

Provide information on the following:

- State Plan and Waiver
- State Plan Amendment #09-004
 - Intent
 - Coverage Section
 - Fiscal/Reimbursement Section
 - Next Steps



Agency Roles

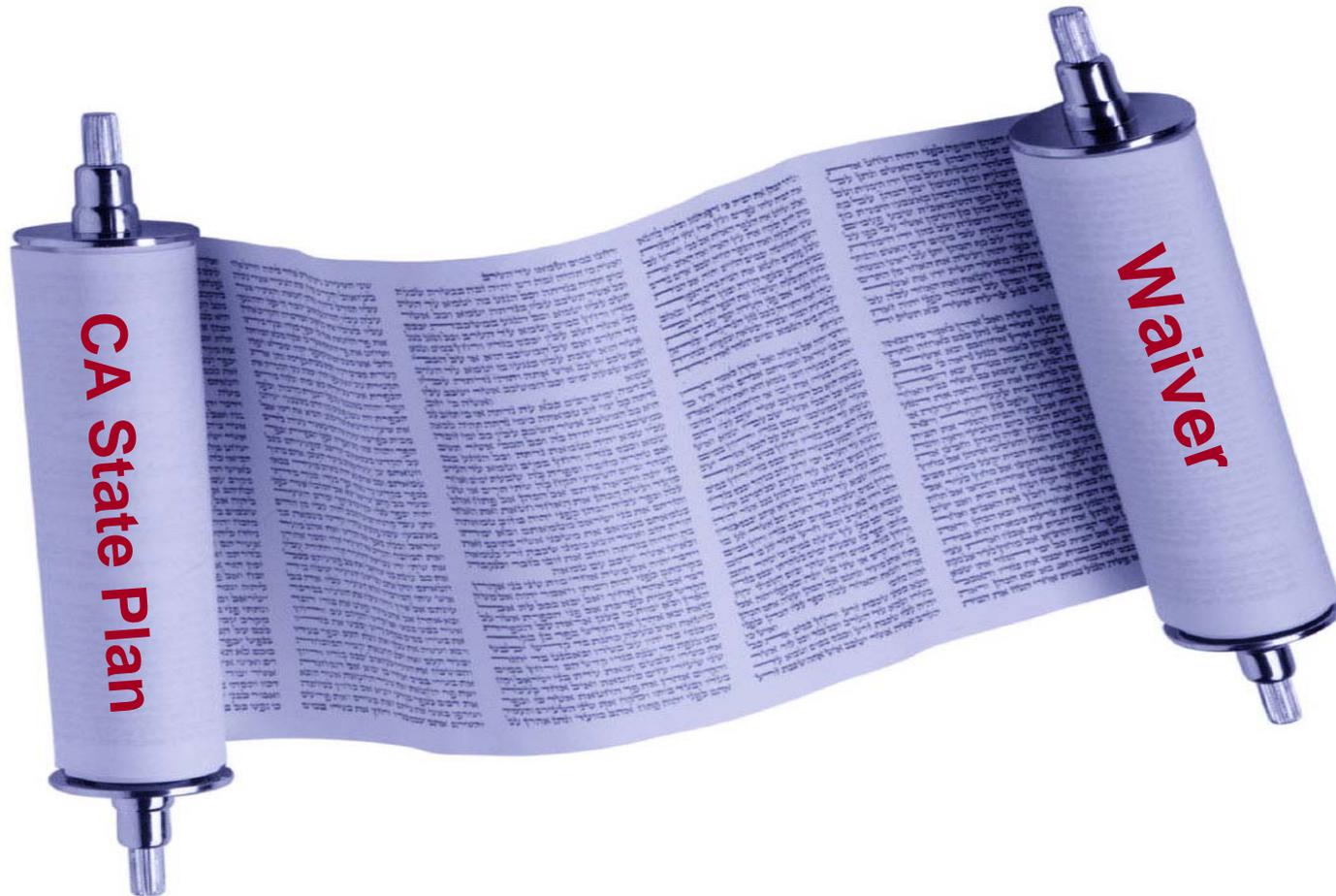


- Centers for Medicare and Medicaid Services (CMS)
 - The Agency in the US Department of Health and Human Services responsible for administering the Medicaid, Medicare, and State Children's Health Insurance programs at the federal level.
- Department of Health Care Services (DHCS)
 - The Single State Agency within California state government responsible for administering the Medicaid state plan and ensuring that Medicaid matching funds are utilized for reimbursement in accordance with the requirements of Title XIX of the Social Security Act (SSA). The Single State Agency may delegate administrative functions to other state or local agencies.

Agency Roles (cont.)

- Department of Mental Health (DMH)
 - The agency responsible for administering the Specialty Mental Health Services Waiver under the delegation and oversight of DHCS to ensure that services are provided to eligible Medi-Cal beneficiaries. Ensures programmatic and fiscal compliance of specialty mental health services provided by Mental Health Plans (MHP) in accordance with applicable state and federal requirements.

State Plan and Waiver 101





What is a State Plan?



- The official contract between the Single State Medicaid Agency (DHCS) and the federal government (CMS) by which a state ensures compliance with federal Medicaid requirements to be eligible for federal funding.
- Developed by DHCS and approved by CMS.
- Describes the nature and scope of Medicaid programs and gives assurances that it will be administered in accordance with the requirements of Title XIX of the Social Security Act, Code of Federal Regulations, Chapter IV, and other applicable federal/state policy.



How is the State Plan Organized?

- Over 1400 pages in seven sections:
 - Section 1 – Single State Agency Organization
 - Section 2 – Coverage and Eligibility
 - Section 3 – Services: General Provisions
 - Describes amount, duration and scope of optional and mandatory services
 - Section 4 – General Program Administration
 - Describes Payment for Services
 - Section 5 – Personnel Administration
 - Section 6 – Financial Administration
 - Section 7 – General Provisions

<http://www.dhcs.ca.gov/formsandpubs/laws/Pages/SPdocs.aspx>

State Plan Amendment (SPA)



- Any formal change to the State Plan.
- Reviewed by CMS for compliance with:
 - Federal Medicaid statutes and regulations
 - State Medicaid Manual
 - State Medicaid Directors' Letters which serve as policy guidance
- If approved ensures the availability of federal funding.



SPA Approval Process



- CMS has 90 days to approve the SPA or request additional information (RAI).
- If CMS requests additional information, DHCS has 90 days from receipt of the RAI to submit responses.
 - When CMS recognizes complexity, they may grant flexibility of deadlines and allow for informal interactive processes.
 - CMS and DHCS work in partnership toward successful completion of SPAs.
- CMS has 90 days from receipt of responses to review and approve or deny.
- If DHCS chooses not to respond to the RAI, a letter must be sent withdrawing the SPA.



SPA Approval Process (cont.)



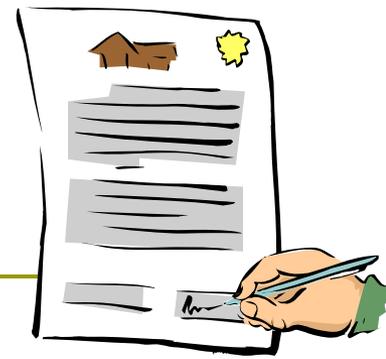
- The proposed effective date of a SPA cannot be prior to the first day of the calendar quarter in which the amendment was submitted to CMS.
- The SPA must be in CMS's possession by the last day of the quarter.
- Quarterly Deadlines:
 - Q1: October 1 – December 31
 - Q2: January 1 – March 31
 - Q3: April 1 – June 30
 - Q4: July 1 – September 30
- Timing of CMS approval has no effect on the proposed effective date.

What Are Medicaid Waivers?



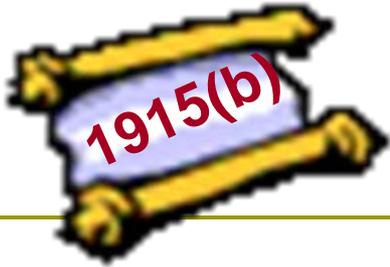
- Medicaid Waivers allow:
 - The Federal government to waive specified provisions of Medicaid Law (Title XIX of the Social Security Act).
 - Flexibility and encourage innovation in administering the Medicaid program to meet the health care needs of each State's populations.
 - Ability to provide medical coverage to individuals and/or provide services that may not otherwise be eligible or allowed under the regular Medicaid rules.
- *Waivers are not part of the State Plan.*

Types of Medicaid Waivers



Social Security Act sections allowing authority for waivers:

- Section 1115: Research and Demonstration Projects.
- Section 1915(b): Managed Care/Freedom of Choice.
- Section 1915(c): Home and Community-Based Services.
- *The Specialty Mental Health Services Waiver is a 1915(b) Freedom of Choice Waiver*



Section 1915(b) Waiver Authority

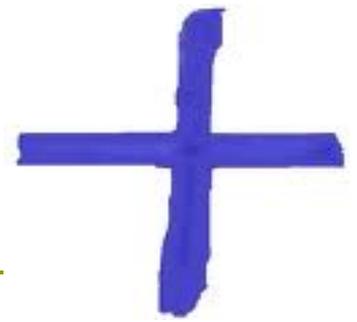
- Section 1915(b) Waiver Authority:
 - Allows states to implement managed care delivery systems, or otherwise limit individuals' choice of provider.
 - May not be used to expand eligibility to individuals not eligible under the approved Medicaid state plan.
 - Cannot negatively impact beneficiary access, quality of care of services, and must be cost effective.

Specialty Mental Health Services Waiver

- Waives Freedom of Choice, Statewideness and Comparability of Services.
 - **Freedom of Choice:** Each beneficiary must have a choice of providers.
 - **Statewideness:** Benefits offered to any individual must be available throughout the state.
 - **Comparability of Services:** Requires services to be comparable for eligible individuals-equal in amount, scope, duration for all beneficiaries in a covered group.



Specialty Mental Health Services Waiver (cont.)



- Includes the following sections:
 - Section A: Program Description
 - Describes the delivery system, geographic areas served, populations served, access standards, quality standards, and program operations (i.e. marketing, enrollee rights, grievance system, etc.).
 - Section B: Monitoring Plan
 - Describes the monitoring activities planned for the upcoming two-year waiver term.
 - Section C: Monitoring Results
 - Describes monitoring results for the most recent waiver term.
 - Section D: Cost Effectiveness
 - Projects waiver expenditures for the upcoming two-year waiver term.

Specialty Mental Health Services Waiver Renewal Process



- The waiver application must be submitted to CMS by the Single State Medicaid Agency for review.
- Upon receiving the application, CMS has 90 days to approve, disapprove, or request additional information (RAI).
 - When CMS recognizes complexity, they may grant flexibility of deadlines, and if needed, an extension.
 - CMS and DHCS work in partnership toward successful completion of Waiver submission and renewals.

Specialty Mental Health Services Waiver Renewal Process (cont.)

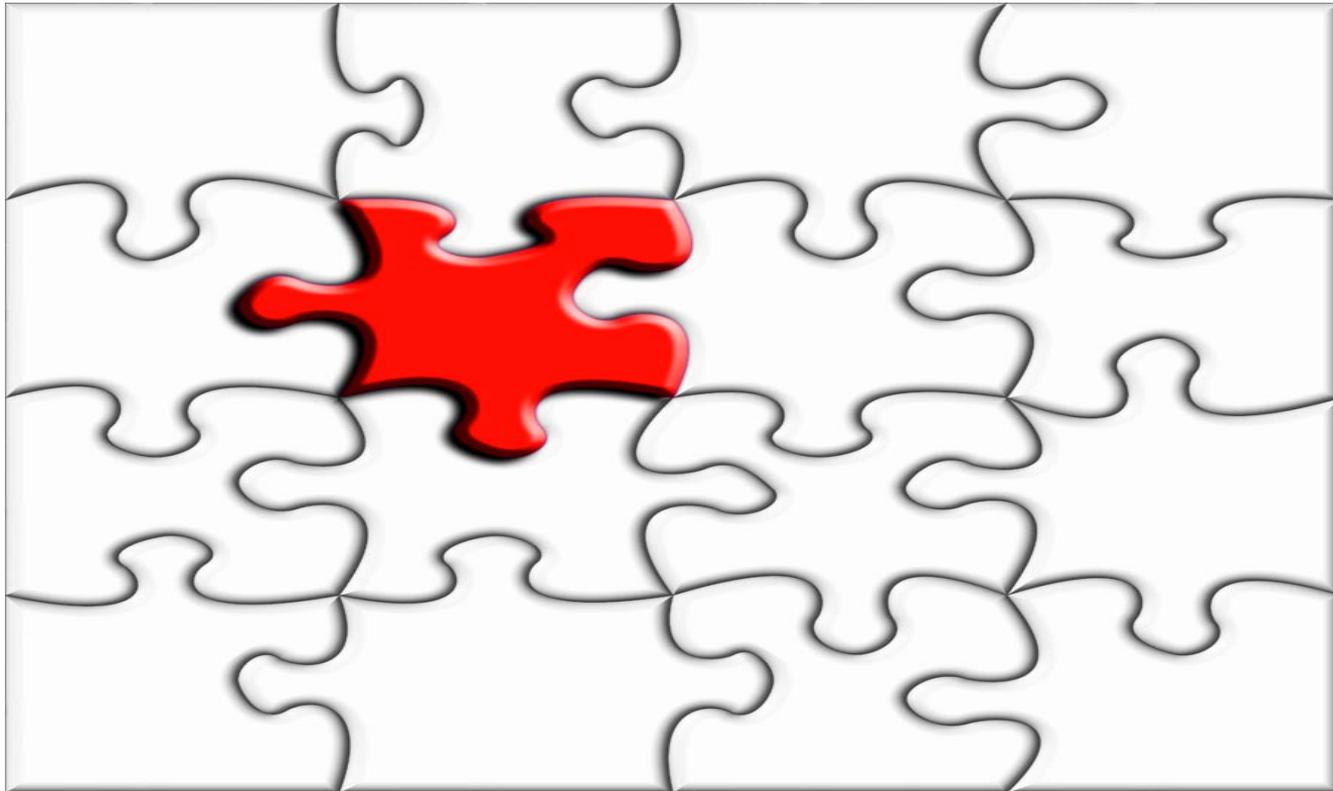
- If CMS does not act within 90 days, the application is deemed approved.
- Waiver is approved for 2-year periods, and the state may submit renewal applications to continue the waiver.



State Plan / Section 1915(b) Waiver

- The State Plan includes:
 - Approved service definitions and any limitations on amount, duration or scope of services;
 - Describes the providers of services and their qualifications; and,
 - Includes appropriate reimbursement methodology.
- The Specialty Mental Health Services Waiver allows for the current delivery system through the Mental Health Plans. However, the State Plan is the authority for the services provided through the waiver.

State Plan Amendment #09-004



Intent of SPA #09-004



- Supplemental Payment Program
 - Method to reimburse the Mental Health Plans for their uncompensated cost of care
 - Currently under development
 - January 1, 2009 effective date
- Corrective Action Plan to CMS's Financial Management Reviews (FMRs)
 - As a result of CMS's FMRs, part of the state's corrective action includes updating the reimbursement section of the State Plan to incorporate elements that address the findings and recommendations.
- Update the State Plan to Reflect Current Practice
 - Update Coverage Section
 - Obtain second year waiver approval
 - Update Fiscal Section

Coverage Section



Services, Providers and Provider
Qualifications

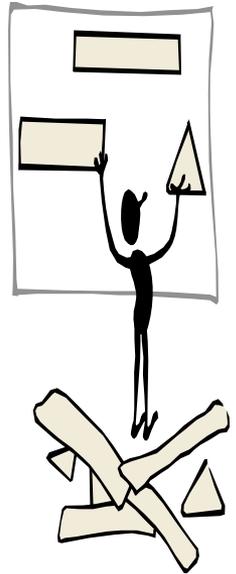
Specialty Mental Health Services

- Rehabilitative Mental Health Services
 - Mental Health Services
 - Medication Support Services
 - Day Treatment Intensive
 - Day Rehabilitation
 - Crisis Intervention
 - Crisis Stabilization
 - Adult Residential Treatment Services
 - Crisis Residential Treatment Services
 - Psychiatric Health Facility Services
- Psychiatric Inpatient Hospital Services
- Targeted Case Management Services
- Pursuant to Title 9, California Code of Regulations, Chapter 11



Technical Modifications Examples

- Incorporated definitions of services and specified providers
 - Language from different Title 9 CCR sections was utilized.
- Terms removed from services' definitions:
 - References to “[services] may include but not limited to...”
 - The term “maintenance” was removed from some of the services' definitions.



Technical Modifications (cont.)

- References to state regulations have been removed in addition to “state-only” terminology.
 - Regulations and terminology, if included, must be federally recognized.
- Language from business and professions code was utilized to describe the providers’ qualifications.

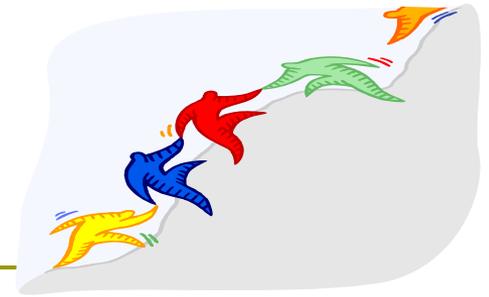


Rehabilitative Mental Health Services



- Mental Health Services: Individual and group therapies/interventions designed to provide reduction of mental disability and an improvement of functioning.
- Medication Support Services: Includes prescribing, administering, dispensing, monitoring drug interactions and contraindications, as well as managing reduction of psychotropic medication usage.
- Day Treatment Intensive: A structured, multidisciplinary program of therapy which may be an alternative to hospitalization.
- Day Rehabilitation: A structured program of rehabilitation to improve or restore personal independence and functioning.

Rehabilitative Mental Health Services (cont.)



- Crisis Intervention: A quick emergency response service enabling a beneficiary to cope with a crisis, which assists a beneficiary in regaining their level of community functioning.
- Crisis Stabilization: A service used to or on behalf of a beneficiary for a condition that requires a more timely response than a regularly scheduled visit, in order to avoid the need for inpatient services.
- Adult Residential Treatment Services: Recovery focused rehabilitative services, provided in a non-institutional, residential setting, for beneficiaries who would be at risk of hospitalization if they were not in the residential program.

Rehabilitative Mental Health Services (cont.)



- Crisis Residential Treatment Services: Therapeutic or rehabilitative services provided in a non-institutional residential setting which provides a short term, structured program as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis.
- Psychiatric Health Facility Services: Therapeutic and/or rehabilitative services provided in a psychiatric health facility, which is licensed to provide acute inpatient psychiatric treatment to individuals with major mental disorders.

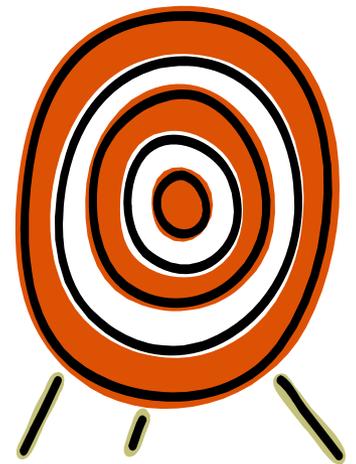
Psychiatric Inpatient Hospital Services

- Psychiatric Inpatient Hospital Services are acute psychiatric inpatient hospital services and administrative day services provided in a hospital.
- For a Fee-for-Service/Medi-Cal hospital it includes routine hospital services and all hospital based ancillary services.
- For a Short-Doyle/Medi-Cal hospital it includes routine hospital services, hospital based ancillary services and psychiatric inpatient hospital professional services.



Targeted Case Management

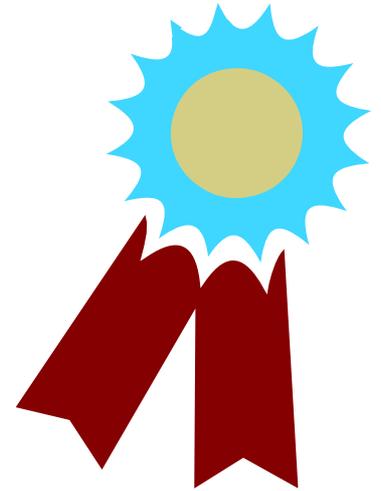
- Targeted Case Management Services:
Services that assist a beneficiary to access needed medical, alcohol and drug treatment, educational, social, prevocational, vocational, rehabilitative, or other community services.
- Includes:
 - Comprehensive assessment and periodic reassessment
 - Development and periodic revision of a client plan
 - Referral and related activities
 - Monitoring and follow-up activities



Title 42, Code of Federal Regulations Sections 440.169 and 441.18

Specialty Mental Health Services' Providers

- Physicians
- Physician Assistant (PA)
- Psychologist
- Licensed Clinical Social Worker (LCSW)
- Marriage and Family Therapist (MFT)
- Nurse Practitioner (NP)
- Registered Nurse (RN)
- Licensed Vocational Nurse (LVN)
- Psychiatric Technician (PT)
- Mental Health Rehabilitation Specialist (MHRS)
- Pharmacist
- Occupational Therapist (OT)
- *Other Qualified Provider*



Status of Coverage Section and Waiver

- Submit formal request to CMS for approval of second year waiver term.
- Remaining items needing resolution:
 - Other qualified provider
 - IMD assurances
 - Psychiatric Inpatient Hospital Services

Fiscal/Reimbursement Section



CMS's Financial Management Reviews, and
the Supplemental Payment Program

Purpose



- Address CMS's Financial Management Review recommendations:
 - Review of California's Incentive Payments Paid to Negotiated Rate Providers Participating in the Short-Doyle Medi-Cal Program (2008)
 - California's Medicaid Mental Health Care Services Program (2010)
- Supplemental Payment Program

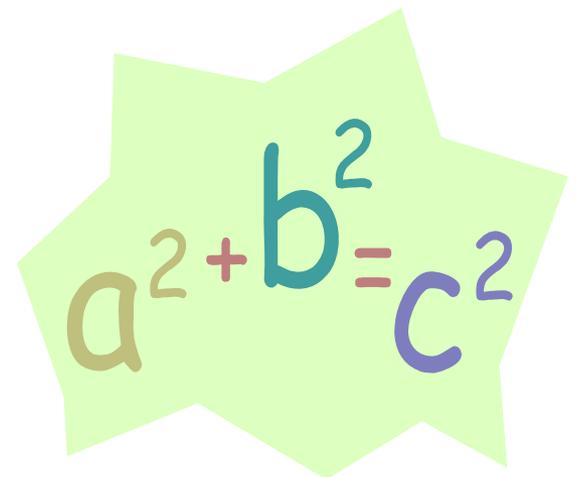


Negotiated Rate Incentive Payments

- In its 2008 FMR, CMS determined that the State's negotiated rate incentive payments were not consistent with existing federal law.
- The State Plan is being revised to eliminate the State-approved negotiated rate incentive payment program.
- The Department of Mental Health revised its FY 2008-09 cost report to eliminate this incentive payment beginning January 1, 2009.

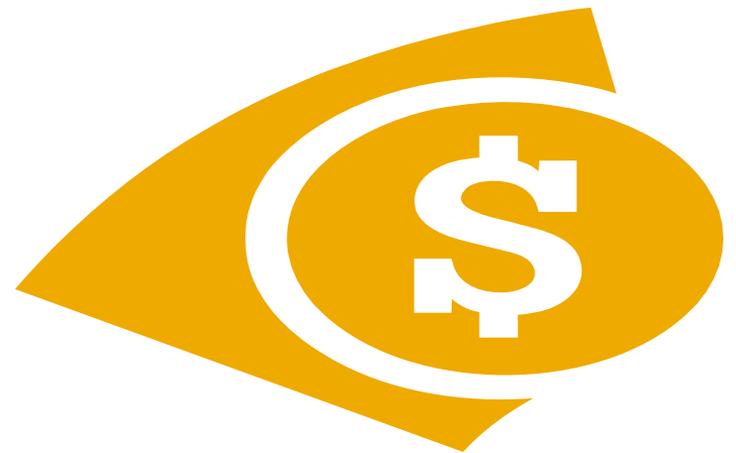
California's Medicaid Mental Health Care Services Program (2010)

CMS directed the state to amend the State Plan to comprehensively describe the reimbursement methodologies for specialty mental health services and to describe the providers of service.



Supplemental Payment Program

The State Plan Amendment is intended to provide the State with the “authority” to implement a Supplemental Payment Program.



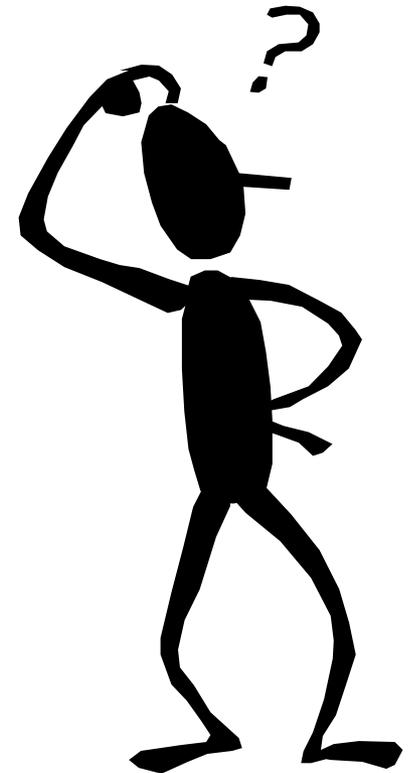
Next Steps



- Approval of second-year waiver term.
- Continue discussions with CMS.
- Ongoing collaboration with counties to address CMS's recommendations specific to county and state processes.
- Communicate with stakeholders.
- Completion and approval of SPA.
- Approval and implementation of the Supplemental Payment Program.

Comments/ Questions

- Questions not addressed today can be:
 - Given on a comment/question form
 - Mailed to:
 - Department of Mental Health
 - 1600 9th Street
 - Sacramento, CA 95814-6434
 - Faxed to: (916) 654-5591
 - Emailed to:
 - jamilah.bridges@dmh.ca.gov
 - *Subject Heading: Stakeholder Meeting**



Questions

